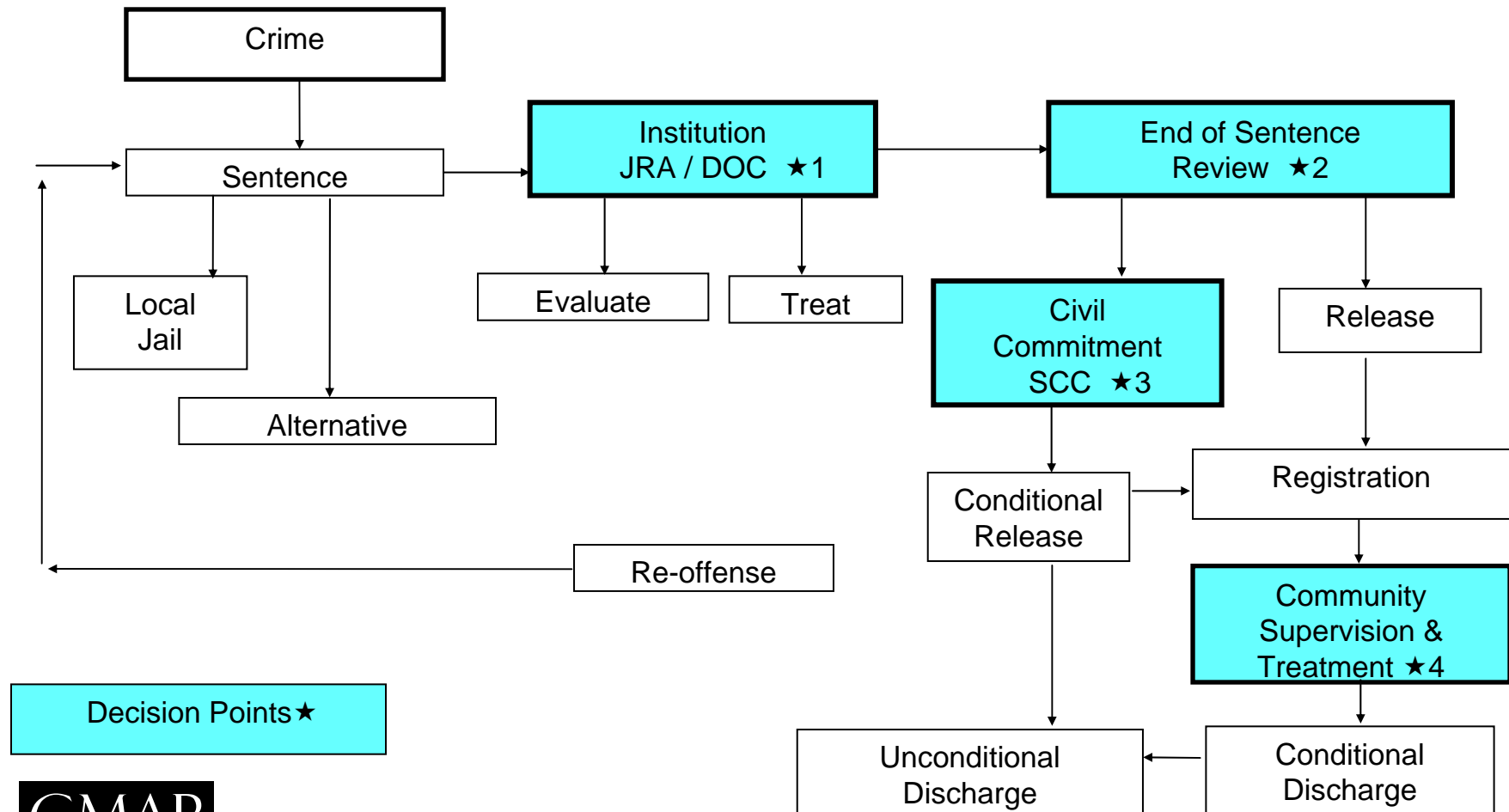


## Public Safety: DOC, JRA, SCC

### What are the critical decision points in managing sex offenders?



## Public Safety: Decision Point # 1

### **Which sex offenders are assessed and treated within DOC facilities?**

#### Analysis

- All sex offenders are assessed
- Treatment program is voluntary
- Currently high/moderate risk offenders are prioritized for treatment
  - Current SOTP participant risk levels:
    - 68% High Risk
    - 32% Moderate Risk
- All sex offenders sentenced under the Indeterminate Plus Sentencing enacted in 2001 must be provided an opportunity for treatment regardless of risk classification

#### Action Plan

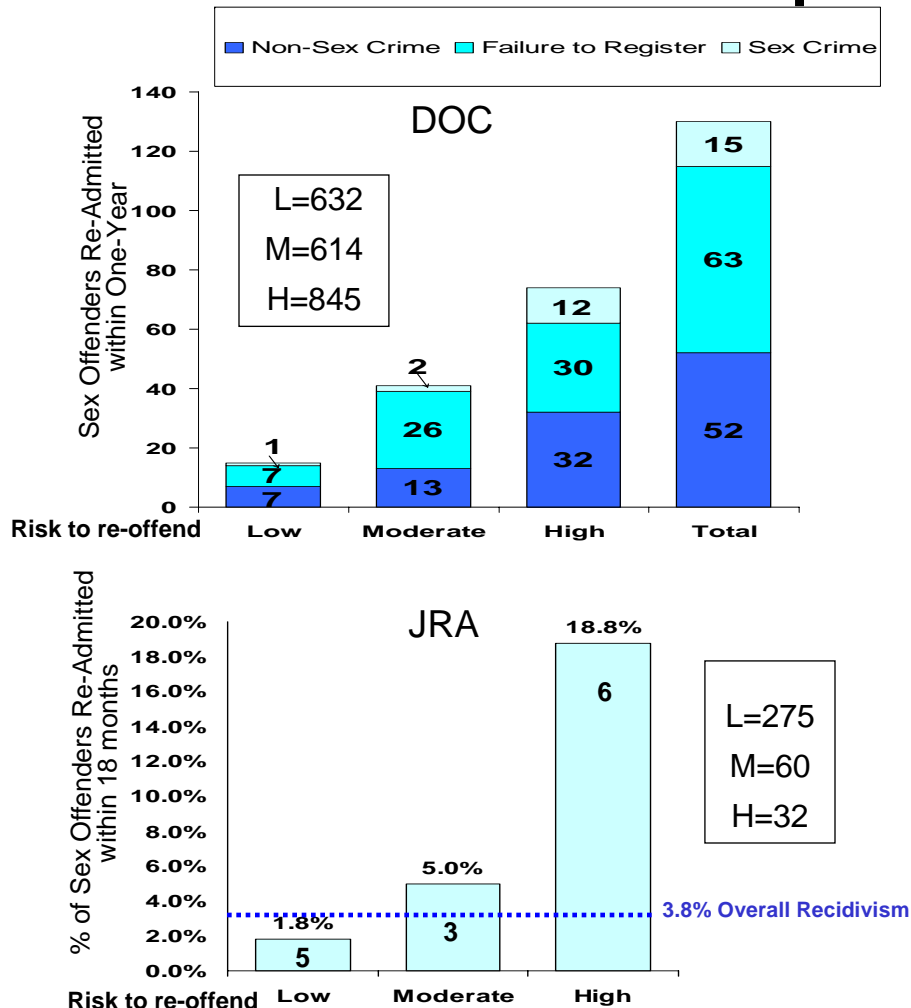
- Review the admission criteria by January 2006 to ensure they comply with treatment requirements consistent with Indeterminate Plus Sentencing enacted in 2001, (3ESSB 6151)
- DOC will continue to improve population projections to determine treatment needs
- DOC is reviewing options to increase treatment accessibility to offenders sentenced under the Indeterminate Plus Sentencing enacted in 2001



**Data Source:** DOC    SOTP = DOC's Sex Offender Treatment Program

# Public Safety: Decision Points # 1 & # 4

## Is the risk assessment process working?



### Analysis

- The persons assessed as highest risk have the highest rate of re-offense
- Sex offenders have the lowest rate of re-offense compared to all other crimes
- Of the 2,091 adult offenders in the community, 1,961 committed no new offense
- Of those who re-committed a offense 48% or 63 adult offenders had a Failure to Register sex offense
- Of those who re-offend 12% or 15 adult offenders commit a sex offense other than Failure to Register
- Of the 15 that re-committed, excluding Failure to Register, 80% or 12 did NOT receive or complete treatment

### Action Plan (JRA)

- By 3/28/06, review and compare case records of JRA re-offenders
- Identify patterns and factors related to re-offending, review risk assessment process and identify options for increasing supervision of Level 3 offenders

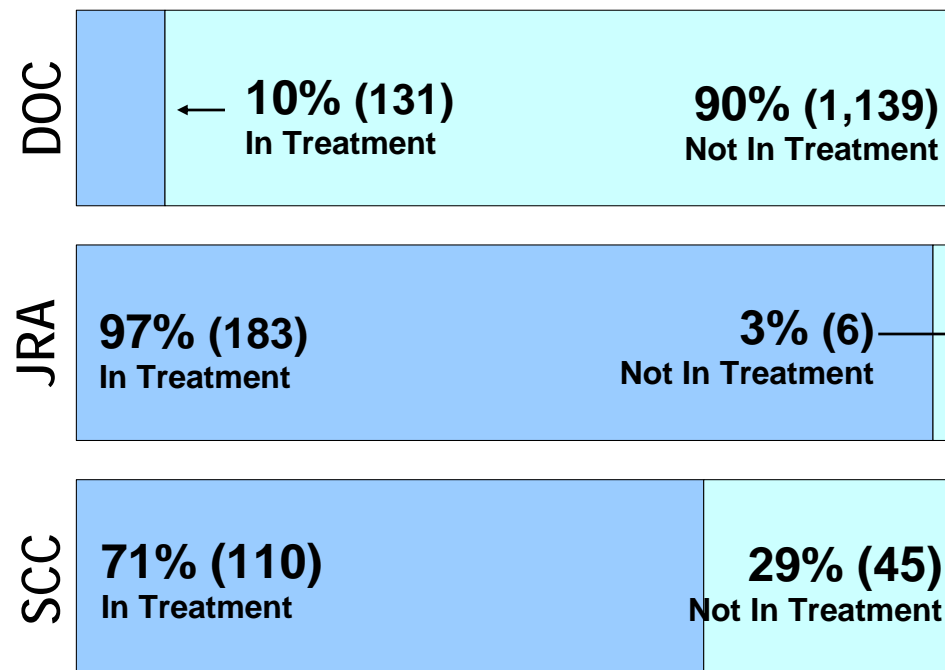


**Data Notes:** DOC's homeless/unemployment rates based on 20% audits of all sex offender cases as of October 2005. DOC re-offend defined as a new offense committed within one year of release, 12/31/02 through 09/30/2004. JRA re-offend defined as a new offense committed within 18 months of release, 1/1/01 through 12/31/02.

## Public Safety: Decision Point # 1

### How many receive sex offender treatment in confinement?

#### Sex Offender Treatment Rates in State Facilities



#### Analysis

**In DOC, there are 3,422 sex offenders in confinement**

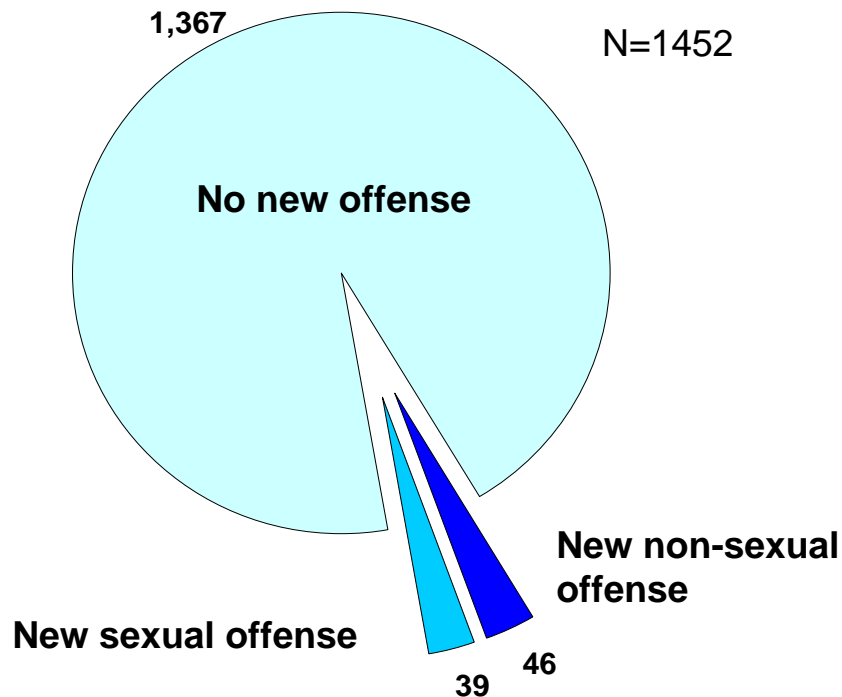
- 1,270 sex offenders are currently within 36 months to release date
- 332 of offenders have volunteered and are on the wait list for treatment
- Not all offenders within 36 months to release fit the current moderate/high risk to re-offend admission criteria
- 10% or 131 are currently receiving treatment
- DOC does not fully use 100% of the treatment capacity, due to staffing turnover and recruitment

**In SCC, residents who are not in treatment have refused to participate**

## Public Safety: Decision Points # 2 & # 4

### Does treatment work in DOC's SOTP?

#### Sex Offender Treatment Program (SOTP)



#### Analysis

- Sex offenders who completed SOTP are a lower risk to re-offend
- 1,452 sex offenders completed SOTP between 1983 and 2004

#### Action

- Increase percentage of sex offenders receiving treatment in confinement
- Continue to partner with the WSIPP on development of the current sex offender recidivism study

**Data Notes:** DOC internal tracking of 1988-2004 SOTP graduates who released to the community and were readmitted to a DOC facility for a new offense, excluding Failure to Register.

## Public Safety: Decision Points # 2 & # 4

### **Are assessments and evaluations timely?**

#### End of Sentence Review (ESR) Process

##### Analysis

Committee reviews DOC, JRA, ISRB and state hospital cases releasing to the community

- Reviews occur 18-24 months prior to release from confinement
- Short sentences impact timely reviews
- 90% are completed timely and sent to law enforcement at least 15 to 30 days prior to release

##### Action Plan

- Improve tracking within the ESR process by 02/28/06 to better account for cases falling behind timelines

#### DOC Community Corrections Intake Risk Assessments

##### Analysis

68% of the sex offender intakes are timely within DOC policy (30 days or less)

- Intake includes the Level of Service Inventory-Revised and the Risk Management Identification tool

##### Action Plan

- Implement a monthly exception review and correction process within community corrections to address overdue intake risk assessments by January 2006
- Analyze and revise intake processes as necessary by March 2006



**Data sources:** DOC, JRA, SCC

## Public Safety: Decision Point # 3

### **What is the status of SCC's evaluations and qualified staff?**

#### Current Status

- Between nine and eighteen forensic evaluations are due every month
- About 72 annual evaluations are now due or overdue
- New admissions add to the accruing numbers
- SCC recently hired several new staff "in-training" to fill vacancies
- New staff "in-training" cannot complete as many evaluations as experienced staff
- DSHS and DOP are working now on a recruitment and retention plan

#### Action Plan

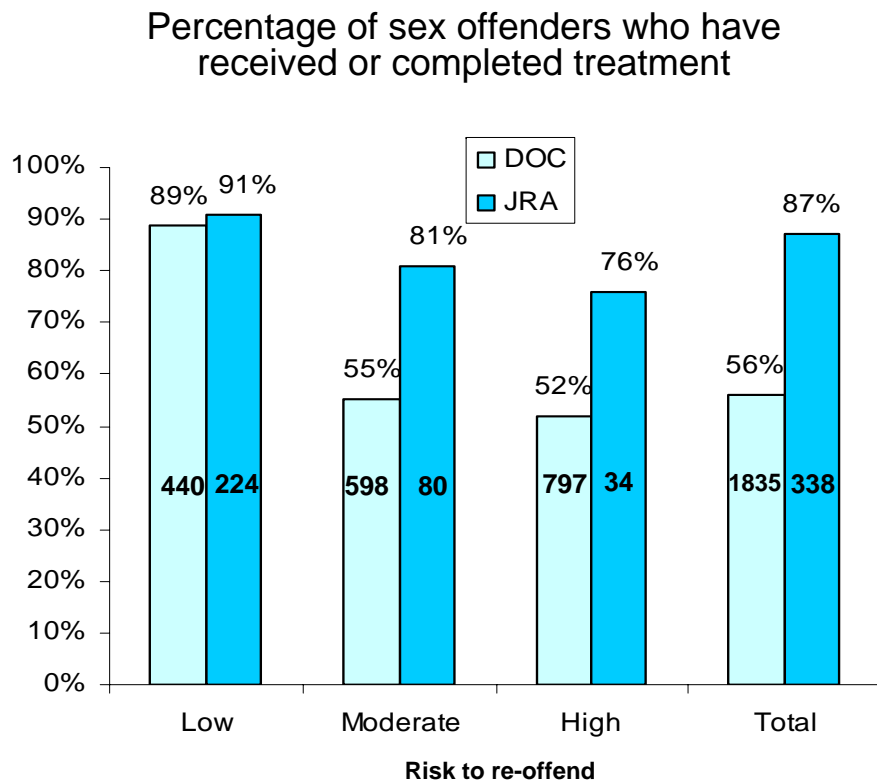
A long-term staff recruitment and retention plan is under review by DOP and OFM Labor Relations

- A decision on the plan is expected by December 2005

By January 2007, assuming full staffing, SCC expects to have the backlog of evaluations completed

## Public Safety: Decision Point # 4

### What percent of sex offenders in the community receive treatment or have completed treatment?



### Analysis

- DOC case reviews revealed three factors limiting treatment:
  - lack of resources;
  - offenders' inability to pay; and
  - no authority to provide treatment, (for some)

### Action plan

- Appropriately re-align resources for JRA youths consistent with risk level and needs assessment
- DOC is formulating strategies to assist in funding treatment
- DOC will review cases and impose treatment conditions when legally permissible



**Data Sources:** JRA, DOC

**Data Note:** DOC's treatment rates based on 20% audits of all sex offender cases as of October 2005.



# Public Safety

## How will DOC increase treatment capacity above current levels?

Goals	Actions Initiated	Next Steps
Increase use of current treatment capacity within confinement to 100% (200 beds)	<ul style="list-style-type: none"><li>• Increased recruitment advertising in the media</li><li>• Working with DOP to replenish the Treatment Specialist register</li><li>• Submitted an assignment pay package to DOP in November 2005</li><li>• 10% pay increase request package submitted to DOP in October 2005</li></ul>	<ul style="list-style-type: none"><li>• Identify and prioritize funds to add assignment pay by February 2006</li></ul>
Increase percentage of offenders receiving sex offender treatment in the community	<ul style="list-style-type: none"><li>• Identifying options to reallocate funds toward treatment investment</li></ul>	<ul style="list-style-type: none"><li>• Develop a community treatment model utilizing certified treatment providers by February 2006</li></ul>
Increase percentage of sex offenders receiving treatment in confinement	<ul style="list-style-type: none"><li>• Review and analysis of expanding treatment in confinement</li></ul>	<ul style="list-style-type: none"><li>• Identify resources such as sanctions alternatives that may allow DOC to reinvest in treatment by January 2006</li><li>• Increase treatment in confinement, which will include treatment opportunities for lower risk offenders April 2006</li></ul>

## Public Safety: Decision Points # 2, # 3, and # 4

### **What activities support registration and notification?**

#### Activities

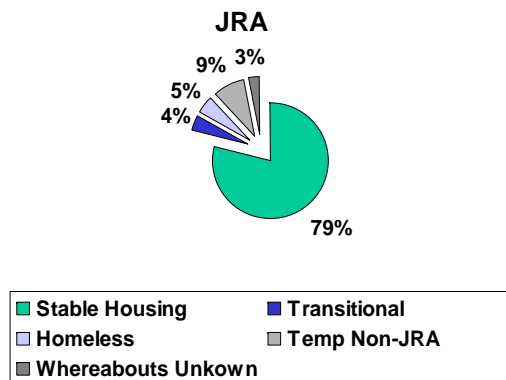
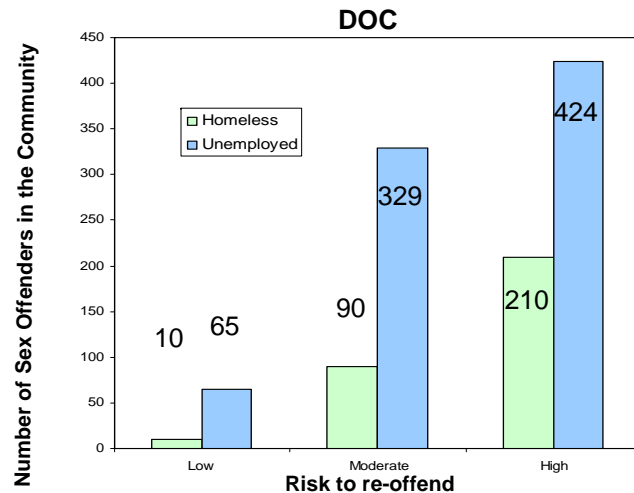
- Serving on leveling committees in multiple counties
- Partnering with law enforcement in community notification meetings
- Policies and processes in place to increase registration
- Data sharing partnerships to increase known addresses
- Joint fugitive task forces to address failing to register

#### Action Plan

- Work with Washington Association of Sheriffs and Police Chiefs and other key agencies to develop an approved registration and notification model policy which increases consistency in practices
- Continue to foster effective partnerships with local government
- Share and expand best practices to bridge gaps by March 2006

# Public Safety

## What are the challenges to successful offender transition and community safety?



### Analysis

- Adult high risk offenders have the highest rate of homelessness and unemployment
- There are 3,301 adult sex offenders under supervision in the community
  - 9% or 310 are homeless
  - 25% or 818 are unemployed
- There are 338 juvenile sex offenders under supervision in the community
  - 3% or 17 are homeless
  - 16% or 55 are unemployed

### Action plan

- Continue to provide transitional housing for juvenile sex offenders within existing resources
- Continue to seek transitional housing for adult sex offenders
- Continue dialog with local government on housing and siting issues
- By June 2006, develop a proposal for providing transitional housing for homeless juvenile sex offenders in JRA Community Residential Facilities and supporting treatment, education, and emancipation goals



**Data sources:** DOC, JRA

**Data note:** DOC's homeless/unemployment rates based on 20% audits of all sex offender cases as of October 2005. Rates are not mutually exclusive, cases may be included in both categories.